MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
Joint Meeting with the
IOWA MENTAL HEALTH PLANNING AND ADVISORY COUNCIL
October 16, 2014, 9:30 am to 3:00 pm
ChildServe, Training Center
5406 Merle Hay Road, Johnston, IA
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT

Neil Broderick
Thomas Broeker
Marsha Edgington
Lynn Grobe
Kathryn Johnson
Sharon Lambert (phone)
Geoffrey Lauer
Brett McLain (phone)
Rebecca Peterson
Michael Polich
Deb Schildroth
Patrick Schmitz
Suzanne Watson

MHDS COMMISSION MEMBERS ABSENT

Thomas Bouska
Richard Crouch
Jill Davisson
Senator Joni Ernst
Senator Jack Hatch
Representative Dave Heaton
Representative Lisa Heddens
Betty King
Marilyn Seemann

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT

Teresa Bomhoff
Ken Briggs, Jr.
Jim Chesnik (phone)
Jim Donoghue
Kris Graves
Julie Kalambokidis
Gary Keller
Sharon Lambert (phone)
Todd Lange (phone)
Amber Lewis
Sally Nadolsky
Tammy Nyden
Lori Reynolds (phone)
Donna Richard-Langer
James Rixner
Lee Ann Russo
Christina Schark
Dennis Sharp
Gretchen Tripolino
Kimberly Wilson
Ann Wood (phone)

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT

Ron Clayman
Jackie Dieckmann
Julie Hartman
Anna Killpack
Craig Matzke
Brad Richardson
Joe Sample
Kathy Stone
Ed Wallace

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief Community Services & Planning
Bob Bacon	U of Iowa Center for Disabilities and Development
Braden Daniels	Life Connections
Marissa Eyanson	Easter Seals
Connie Fanselow	MHDS, Community Services & Planning/CDD
Jim Friberg	Department of Inspections and Appeals
Karen Hyatt	MHDS, Community Services & Planning
Lin Nibbelink	MHDS, Community Services & Planning
Jason Orent	Iowa Office of Consumer Affairs
Rick Shults	MHDS Division Administrator
Deb Eckerman Slack	Iowa State Association of Counties
Brent Wightman	Veteran's Peer Support Specialist
Michelle Zuerlein	PRA/CHI Health

WELCOME AND CALL TO ORDER

Patrick Schmitz called the meeting to order at 9:35 a.m. Quorum was established with eleven members present and two participating by phone. No conflicts of interest were identified for this meeting. Patrick welcomed the members of the Mental Health Planning and Advisory Council, and along with MHPC Chair Teresa Bomhoff, led introductions.

APPROVAL OF MINUTES

Tom Broeker made a motion to approve the minutes of the September 18, 2014 meeting as presented. Deb Schildroth seconded the motion. The motion passed unanimously.

MHDS UPDATE

Theresa Armstrong presented an update on MHDS and Department activities.

Crisis Response Administrative Rules – The crisis response rules were approved by the Commission at the September meeting. These rules are the framework for how each crisis response service is to be provided. They will become a part of Chapter 24 and will be used to accredit providers. Theresa said these were challenging rules to develop because they created new services that were not previously accredited in Iowa. The Department received about 170 comments, which is an unusually high number. The comments resulted in some changes that improved the rules. Comments and responses are included in the final version, which was published in the Iowa Administrative Bulletin that was released yesterday. They will be presented to the Administrative Rules Review Committee (ARRC) in November and are scheduled to become effective December 1.

Subacute Mental Health Care Facility Administrative Rules – The legislature gave the Department of Inspections and Appeals (DIA) primary responsibility for developing these rules and DHS has worked with them throughout the process. The legislation also gave DHS the responsibility for developing a RFP (Request for Proposals) for 50 publicly funded

subacute mental health care beds and work is being done on that. The new subacute care beds must be current certificate of need beds, which means they will be beds that are currently in the health care system and being used for other purposes. The DIA rules have gone through the public comment period and are expected to be published in the Iowa Administrative Bulletin in late November. They will then go to the ARRC in December and are scheduled to become effective in December as well.

Teresa Bomhoff asked if the existing beds could include beds at the MHIs (Mental Health Institutes). Rick responded that DHS is anticipating that the beds will be in the community.

Medicaid Offset Administrative Rules – DHS informed counties of their offset amounts yesterday. The rules identified the date for counties to submit data to the Department and described what the process would be if the submission date was not met. The date established for data submission as September 19, but the rules did not get through the approval process until September 25. Even so, all the counties had their data submitted to the Department by the 19th. Theresa said that was very much appreciated. The rules package was approved by the Commission at a special meeting on September 25. They were published in the IAB this week and will go to the ARRC next month.

Review of Medicaid Offset - Rick Shults reviewed the background of the Medicaid offset. During the 2013 legislative session, when Medicaid expansion was being considered in the Iowa legislature, there was discussion about how to make a plan that was unique to Iowa. Through those discussions, a consensus decision was reached to create the Iowa Health and Wellness Plan (IHAWP), which provides coverage through a combination of Medicaid and commercial health insurance providers. Rick noted that the legislature very explicitly laid out what mental health services would be included in the coverage packages, which speaks to strong advocacy and the attention that the state is paying to mental health and substance use needs. The legislation includes a provision recognizing that individuals who had been receiving county funded services would become eligible for coverage through IHAWP, and therefore the counties would have some cost savings.

In the 2014 legislative session, there was extensive conversation about how to determine and handle the reduced financial responsibility of the counties and regions for persons covered by IHAWP. That discussion resulted in explicit instruction in legislation on how the savings should be determined and what should be done with the funds. The legislation said that for the first fiscal year there should be an examination of what the counties spent for specific services to a specific group of individuals for the first six months of the fiscal year (July 2013 through December 2013), compared to the same expenditures for second half of the fiscal year (January 2014 through June 2014). IHAWP became effective January 1, so this is a before-and-after comparison. The difference between the two numbers would be multiplied by two to arrive at the identified annualized savings that would be applied to the current fiscal year, FY 2015. The legislation made DHS responsible, in cooperation with the regions, for identifying the specific services and determining the specific group of individuals to be used for the measurement.

DHS met with regional CEOs (Chief Executive Officers) three times and worked with them to discuss and finalize the criteria. Rick said it was a very collaborative and constructive

process. They decided to use the county chart of accounts, which is a different chart of accounts than Medicaid and the insurance industry uses, agreed on the information counties would provide, and how it would be submitted. DHS put the necessary elements of that agreement into the rules. The counties submitted their data last month, and DHS put the information into a format that would allow the comparison to be made. The group agreed that the time period covered would be the time period when the service was actually delivered, rather than when the bills came in. The analysis was based on county data and the reports went back to counties, even though the Department is working with the regions.

The counties were required to be notified of their offset amounts by October 15; those notifications went out yesterday. The 99 letters went out to each county auditor and the chair of each county board of supervisors, with a copy to each regional CEO. Statewide there was $10.1 million in reduced spending for the second six month period over the pre-IHAWP six month period. That amounts to $20.2 million in annualized savings. This is where additional provisions in the legislation come into play. The $10.1 million reduction in spending for those categories of services in FY 2014 remains with the counties and regions. There is no offset for FY 2014. The $20.2 million amount determined by the FY 2014 data is used to calculate the FY 2015 offset amount.

For FY 2015, 20% of the savings ($4.04 million) remains with the counties/regions. The approximately $16.2 million remaining is returned in one form or another, but it goes through several steps. If a county received general funds in Equalization, it must first satisfy the $16.2 million by returning that amount of money to the state on or before January 1, 2015. The money that is returned goes into a specific fund and the legislature has the authority to appropriate money out of that fund to go back into MHDS regional services. Approximately $10 million out of the $16.2 million will go back to the state and into that fund for the legislature to appropriate for MHDS regional services. It does not go into the General Fund and is not available for other purposes.

The legislation also required that DHS make a recommendation to the legislature on how those funds should be used. The DHS recommendation is to assist any regions that are struggling to fully implement core services to designated populations, and then to support the development of comprehensive crisis services and justice involved services. There is still a remaining $6.2 million. In instances where a county does not have equalization funds to pay back, the county would reduce its mental health and disability services levy by the applicable amount from their certified levy in FY 2016. The counties have already certified their levies for FY 2015. Rick noted that the money goes into a fund called the Property Tax Relief Fund, which was established long ago for the purpose of property tax relief. That is not the purpose of the money in this case, so while the existing fund is being utilized, the name does not reflect the purpose of these funds or how these funds will be used.

Jim Rixner asked if DHS looks at the efficiency of the regions in deciding who gets money. He said it would be concerning to supplement the funds of regions who are struggling to meet their service obligations if they are not using the funds they have wisely. Rick responded that the Department has not yet work out how the money will be distributed.

Jim said he wants to make sure people are treated equally across the state and thinks there should be a set of rules about how the money will be disturbed so it will be used as effectively as possible.

Deb Schildroth said that now that the amount of savings has been calculated, the county is required by the State Auditor's office to record this amount as a liability to FY 2014, which has raised some concerns. She said that, as an example, Story County required to pay back significantly more than its calculated savings because of the way the formula has been set up. Rick responded that the State Auditor's office would need to answer any questions about that. Suzanne Watson commented that having different levy rates between counties within regions is likely to make it more difficult for counties to continue to work together because they won't feel they are putting in tax money at the same rate.

Teresa Bomhoff said there are several other areas of need in the system, including an acute care bed tracking system, HCBS waiting lists, CIT (Critical Incident Training) for law enforcement, and EHR (Electronic Health Records) and computers for community mental health centers. She said she would like to see the Commission and the Council make some joint recommendations about how money could be spent to improve the system.

Rick continued to explain that the data cycle continues, but after the initial comparison, each subsequent comparison is made between the two previous years. In the next cycle, all of FY 2014 will be compared to all of FY 2015; the following cycle will compare all of FY 2015 to all of FY 2016, and so on. It works out that less and less savings are identified each year because there will be less differences in the numbers.

Mike Polich said that as a provider he has been seeing a significant number of people in the 100% to 138% of FPL (Federal Poverty Level) group are not paying their premiums and are losing coverage. He asked how that would impact the regions. Rick responded that if people are not otherwise covered for whatever reason, it would likely fall back to the region to fund services for them.

Tom Broeker asked if there was any guidance about the maximum 25% fund balance provisions. He said it would be a challenge to manage services and not leave more than 25% in the fund balance, and that any information on implementing that would be appreciated. Rick responded that there is not an explicit method of implementation, but he would take it as a message from the legislature that it is their expectation counties and regions can plan for a 25% fund balance, but money beyond that should be spent on services rather than allowing larger and larger fund balances to accumulate.

Deb Schildroth asked if state psychiatric papers at the University of Iowa Hospitals and Clinics are still in effect with IHAWP in place. When someone goes to the hospital for psychiatric treatment and there is no payer source, a form comes to the county, and now the region, for approval. She said it still seems to be happening, although people should have access to other coverages now. Rick indicated he would research that question. It was noted that the hospital should be able to do presumptive eligibility. Kim Wilson said she had been told that presumptive eligibility does not go back to cover a hospitalization at

that time the person applied. Several Commission members responded that it should not work that way and a hospitalization at the time of application should be covered.

Community Integration Workgroup – Legislation passed last session directed the Department to convene this group, which brings together representatives of state departments, providers, consumers, and family members. The expectation of the workgroup is to identify the strengths of the system and look at gaps or improvements needed for individuals with Serious Mental Illness (SMI) to live successfully in the community. The group met yesterday; Kevin Martone of TAC (Technical Assistance Collaborative) is facilitating. They are working to build on previous workgroup recommendations and continue to improve access to services, effectiveness of services, ensure that they are delivered on time, and keep people engaged in their services. They are also looking at the role of law enforcement, how to support mental health education, workforce issues, housing, and other supports that sustain recovery. The workgroup will meet two more times before it finalizes its report in December.

Tammy Nyden asked if the group would be doing anything to address services to children. Rick responded that the group has not talked much about children, but that discussion will need to happen. He added that the composition of this group was primarily determined by the legislature and they were tasked with looking at services and supports for adults with SMI.

Peer Support RFP – The RFP for peer support and family support training and coordination has been released. Because it is open for bid, Rick said he cannot say much about it, but the document is available online for anyone who wants to review it.

Regions – DHS has received official notification that there is a shift in regional alignment. Effective January 1, Cherokee County has voted to join the Rolling Hills Community Services Region. They are currently part of the Sioux Rivers Mental Health and Disability Services Region. After the shift, Rolling Hills will have seven counties, and Sioux Rivers will have three counties: Plymouth, Sioux, and Woodbury.

YOUTH MENTAL HEALTH FIRST AID

Karen Hyatt presented an overview of Youth Mental Health First Aid (MHFA) training activities. The MHDS Division has obtained funding to host training for trainers of the Youth MHFA curriculum, which is geared for dealing with youth issues and intended for people who work with youth. There are now 60 MHFA instructors in Iowa and six of them had been teaching Youth MHFA. The Youth MHFA was offered to current MHFA instructors across the state. Eighteen people completed the training. Karen noted that she was one of the eighteen participants and there are now 22 people in Iowa trained and ready to teach the youth version.

MHFA training can be delivered in either eight or twelve hours. Most often it is done in eight so that it can be completed in one day. Everyone who goes through the class receives a participant manual with websites, phone numbers, and other resources. Fidelity to the model is important. Karen said the adult MHFA training spends a significant amount

of time going over specific diagnoses, but the youth version steps away from that and focuses on how to engage youth earlier and intervene sooner before they are in crisis. It uses video and role playing that is presented in segments. The scenarios move forward as the day goes on and more pieces are added to the stories. A man who jumped off the Golden Gate Bridge and survived talks about suicide and the ambivalence he experienced when he was contemplating suicide. He said he changed his mind in the instant after he jumped and somehow lived to tell the story.

SAMHSA (Substance Abuse and Mental Health Services Administration) has provided some grant money for Youth MHFA to be taught in schools. Jim Donoghue indicated that the Iowa Department of Education has applied for one of the grants. The DoE was asked to partner with three schools and they are working with the Davenport, Sioux City, and Waterloo school systems. Jim said the DoE also applied for a related school climate grant that will involve the expansion of PBIS (Positive Behavioral Intervention and Supports), one of a handful of strategies recognized by SAMHSA as Evidence Base Practices (EBPs). Schools in Hawarden, Fort Dodge, Marshalltown, and Des Moines all applied for and received money to provide the training.

Karen said outreach will be done at six and ten month intervals to survey people on how MHFA training has impacted them and their behavior. That feedback may lead to future funding opportunities. Karen noted that IFA (Iowa Finance Authority) has done a great job of bringing MHFA into the housing world. They have made MHFA training a requirement of obtaining certain housing tax credits. Christina Schark said that she was aware that about 100 librarians had been trained, and commented that there really is not any audience that would not benefit from MHFA training.

Karen said the training covers substance use and behavior as well as mental health and that the options for role playing activities can be adapted to be relevant to specific groups. The only people who can train instructors are through the National Council for Behavioral Health to maintain fidelity to the training model. People who have completed that training and are qualified as instructors can provide the training to others. In response to a question about the cost of training, Karen explained that MHDS has set parameters that require instructors to charge only within a range to ensure the cost is reasonable and affordable. She noted that some of the funds the DoE has received are to support paying for substitute teachers so that full time teachers are able to take time off to be trained. That is part of the cost of training to the school district.

Deb Schildroth asked if there is a list of the qualified trainers. Karen said that information is available online from the National Council at: http://www.thenationalcouncil.org/

LeeAnn Russo said she wanted to acknowledge that Karen came to Vocational Rehabilitation earlier this year and did a pared down four hour training to administrative staff that was very beneficial.

Karen said that 93 people have gone through the training, and 60 are currently certified trainers. To be certified, a trainer has to complete three training sessions per year. Some of those who have been trained have not been able to meet that requirement.

THINKING OUTSIDE THE EMPLOYMENT BOX

Lin Nibbelink shared a new publication called "Thinking Outside the Employment Box: Entrepreneurs with Disabilities Share Their Self-Employment Success Stories." The publication is a product of an EDI (Employment Development Initiative) Grant from the National Association of State Mental Health Program Directors (NASMHPD), focused on increasing self-employment opportunities for people with disabilities, including serious mental illness. The EDI funds were used to sponsor two-day workshops for individuals with disabilities and their family members on self-employment and how to start a business. Consultants from Griffin-Hammis Associates facilitated the workshops and benefits planners advised people on how to utilize and manage the disability benefits available to them. Workshops were held around the state and web-based tools were also provided.

There was a small amount of money left from the EDI grant and the Department received permission to use it to travel around the state to interview Iowans with disabilities who have started or are working on starting their own businesses. Those interviews resulted in 18 inspiring stories that went into the publication. Promoting success stories is one part of a three-pronged approach to helping more people with disabilities find employment and it also helps others recognize the possibilities. The stories reflect a wide diversity of abilities, disabilities and interests. The businesses include:

- Selling baked goods at farmers markets
- Running a coffee shop
- Providing commercial laundry services
- Offering custom care for dairy calves
- Raising chickens and selling eggs
- Running a firearm sales and repair shop
- Conducting research on grant opportunities
- Operating a greenhouse
- Running a horticulture and gift shop
- Operating a mobile locksmith service
- Motivational speaking
- Online sales of marine products
- Optical lens making
- Providing photo booths for special events
- Scanning and electronically storing documents
- Screen-printing, photography, and design
- Operating a taxi and shuttle bus service
- Running a taxidermy studio

Lin noted that the young man who operates the custom calf business does so from his motorized wheelchair. His brother, who also uses a wheelchair, operates the horticulture and gift shop and is a recognized expert on growing hostas. The entrepreneurs include individuals with physical disabilities, intellectual disabilities, mental illnesses, autism, and blindness and show that those factors do not have to prevent them from being successful in their chosen field of work.

ADDITIONAL MHDS UPDATES

MHDS Staff - Theresa Armstrong noted that a new position in the Community Services and Planning Bureau within the MHDS Division has been posted for hire. The position is for a specialist on Intellectual and Developmental Disabilities. The new person will be a counterpart to Laura Larkin, who is the mental health specialist. The announcement was just posted today. The Office of Facility Support within the Division has also posted three positions to provide more support to the state facilities. One is a replacement and two are new positions. They are all related to the Mental Health Institutes (MHIs). All the openings are posted on the DAS (Department of Administrative Services) website at: http://das.hre.iowa.gov/state_jobs.html

Patrick Schmitz asked if there was any update on hiring a new superintendent for the Cherokee MHI. Theresa responded that there was no new information.

A break for lunch was taken at 11:45 a.m.

The meeting resumed at 12:50 p.m.

LEGISLATIVE PRIORITIES DISCUSSION

Teresa Bomhoff shared a document she prepared comparing the legislative priorities of six different advocacy organizations. She indicated that the overall priority is for adequate funding for present services and Medicaid match to cover growth in the system, and summarized the priorities identified by each organization (some are still in draft form):

IDAAN (Iowa Disability and Aging Advocates Network)

- HCBS Waiver system reform
- Require 25 to 50% membership of persons with disabilities & family members on advisory groups and taskforces related to MHDS
- Require private insurance companies to cover all mental health core and core plus services
- Create a children's mental health system
- Create a refundable income tax credit for making primary homes accessible for persons with disabilities
- Expand affordable and accessible housing

Prevention of Disabilities Policy Council

- Create a refundable income tax credit for making primary homes accessible for persons with disabilities
- Provide funding to strengthen the infrastructure for injury prevention
- Require both Medicaid and private insurance to cover telehealth services
- Create a legislative study committee to review HCBS Waivers
- Champion movement on the development of a children's disability system incorporating early identification and intervention

League of Women Voters Health Care Priorities

- Enact policies that guarantee access to comprehensive, uniform, and affordable health services, including the full range of reproductive services
- Fully fund and stabilize funding for the state's regional MHDS system and combine core and core plus services into a single menu of core services that regions are required to provide

NAMI (National Alliance on Mental Illness) Greater Des Moines & Iowa Mental Health Planning Council

- Combine core and core plus services so all domains are mandated
- Require private insurance companies to cover all mental health core and core plus domains and reimburse at a level not lower than Medicaid rates
- Mandate telehealth coverage from all private insurance companies and Medicaid to improve access in rural areas and address transportation barriers
- Expand and fund existing incentives and create new incentives for expanding the mental health workforce
- Pass children's mental health system framework legislation
- Create a legislative study committee to review HCBS Waivers
- Create and fund an acute care bed availability tracking system
- Require re-credentialing of providers at one source from which all payers can consult
- Restore the MHIs to their purpose as the treatment residence of last resort
- Provide a long term funding fix for the MHDS regional system
- Initiate a legislative study for financial support of community mental health centers
- Implement the court plan for mental health advocates
- Address mental illness and mental health education in Iowa's schools and colleges for staff and students

Older Iowans Legislature

- Improve access to mental health treatment for older Iowans beginning with demonstration programs of EBP (Evidence Based Practices) depression screening and treatment programs in each of the six Area Agencies on Aging (AAAs)
- Initiate a statewide falls prevention program
- Establish a task force to address how to care for older sex offenders and combative residents in appropriate settings
- Increase the reimbursement rate for HCBS providers and increase the cap; provide a tax credit for caregivers/direct care workers

Teresa also added two priorities not yet included in the document:

NAMI Iowa Children's Mental Health Committee

- Eliminate or significantly reduce the waiting list for the Children's Mental Health Waiver
- Mandate that pediatricians and other first line children's health providers include a standard mental health screening in all wellness exams and school-required physicals.

Tammy Nyden said she has been working to develop the CMHC's Legislative and Policy Agenda and will email a copy of the complete current draft to Connie Fanselow so it can be shared with others.

Teresa noted that on the second page of her summary document, some additional actions that advocacy groups are recommending, including:

- Developing administrative rules on outcomes and performance measures for regions
- Continuing outreach for the Iowa Health and Wellness Plan
- Expanding the sports concussion law to cover youth of all ages in organized sports
- Developing administrative rules on remaining core plus services
- Speeding up approval process for medical exempt status
- Promoting alternatives to guardianship
- Updating the DHS Olmstead Plan
- Passing a refueling assistance bill
- Implementing a 1 to 2 page prior authorization form and process for insurance companies

Teresa noted that the IME (Iowa Medicaid Enterprise) has requested continued waiver of transportation in IHAWP.

Teresa also shared that she submitted comments with regard to the Insurance Division administrative rules on prior authorization. She said the rules provide that if a health plan is a qualified health plan (QHP) under ACA (the Affordable Care Act), and then a prior authorization response has to be completed within 24 hours. If the plan is not a QHP, then the response time allowed is 72 hours. In non-emergency situations they have up to 15 days to make a prior authorization decision. Teresa's comments were that regardless of whether the plan is a QHP or not, response to an urgent or exigent request for a medication should be within 24 hours and non-emergency response time should be 72 hours. She noted that the public comment period has ended. Teresa also expressed concern about an IME proposal for prior authorization for anti-psychotic medications.

Teresa indicated SAMHSA (Substance Abuse and Mental Health Services Administration) has six strategic initiatives for the next 3 years:

1. Prevention of Substance Abuse and Mental Illness
2. Health Care and Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce Development

Patrick Schmitz shared a draft of the Commission's Legislative Recommendations that a committee has been developing, indicating it is still a work in progress. The committee started with last year's priorities and added and deleted based on what has happened in the interim.

Discussion: The Commission's first proposed priority is to provide appropriate, predictable, and stable funding for the MHDS system.

Teresa Bomhoff suggested that proposing a re-credentialing clearing house and allowing all providers to include training in direct costs would be two things that could help providers with their bottom line. HCBS Waiver providers have been allowed to move training costs from administrative to direct costs, but other providers have not.

Deb Schildroth commented that the ISAC (Iowa State Association of Counties) Community Services Affiliate has changed their recommendation to say that the responsibilities for mental health advocates should be placed with the regions, rather than the state. The change was made because regions are paying for their services, are the ones working most closely with them, and there has been strong resistance to placing the MH advocates within state government.

The Commission's second proposed priority is to build workforce capacity within the MHDS system.

Braden Daniels commented that both the "Georgia Model" and the "Iowa Model" of peer support specialist training are nationally recognized and currently used in Iowa. He said that two years ago there were only 50 peer support specialists in the state, but now over 300 peer support specialists have been trained through the Iowa Peer Support Training Academy and Life Connections, and many have been certified through the Iowa Board of Certification. He said comments recorded in the September Commission minutes gave the impression that there is currently no link between training and certification and that is not true. He also commented that he believes the RFP that has been released for Peer Support Training and Coordination undermines the current system of training and certification in favor of a new one. He said the current system just needs funding. He encouraged people to read the RFP.

Michelle Zuerlein commented that she is concerned because the RFP language indicated that the training model that is awarded the contract will give up all rights to intellectual properties and that established models will not be willing or able to do that. Patrick Schmitz commented that he is familiar with that kind of language in state contracts, so it is not unique to this RFP.

Braden Daniels said he also sits on the Iowa Board of Certification and they have been working with Magellan to establish a certification for Family Peer Support Specialists. He said the RFP does not recognize what is already being done in Iowa. Braden said he is a graduate of the Iowa Peer Support Training Academy and credited that training with helping get to where he is today. He said Life Connections is a peer written training, a peer trainer training, and a peer run organization; he thinks that DHS is trying to take that over even though peers have done it successfully themselves.

Teresa Bomhoff commented that she does not think DHS wants to throw the existing programs out or that they do not think they are working. She said she has experience with federal contracts and she is aware that RFPs have to be written in a way that does not "tip

a hat" to anyone or show preference in any way. RFPs have to be written neutrally so that anyone has the opportunity to apply.

Brent Wightman said that according to his reading of the RFP, anyone who has gone through the training will no longer be certified and that DHS will be the certification agency instead of the Board of Certification. Patrick Schmitz thanked everyone for their comments and noted that the Department cannot respond to comments on an open RFP.

The group discussed loan forgiveness programs and other possible incentives that could help alleviate the statewide shortage of psychiatrists and other mental health professionals. Teresa Bomhoff said that IDPH has done a review of all the incentive programs that are being used for health professionals and found that very few people with mental health specialties have benefited from those programs, so she concluded they have not been effective in building capacity for mental health providers. She said she would recommend a dedicated loan forgiveness program just for mental health professionals. Patrick Schmitz said his organization has benefited from multiple programs and have had success with federal programs for counselors and nurses. Teresa Bomhoff said there are also specific shortages of psychiatrists for children and adolescents and for the geriatric population. Kathy Johnson commented that it would be good to tie some incentives to working with safety net providers.

Geoff Lauer said he would like revisit the discussion about the peer support RFP. He said this was not an area he is familiar with, but asked if there is a mechanism to request clarification about RFP on the part of Commission or the Council, or perhaps ask for reconsideration. Jim Rixner made a motion that the Mental Health Planning Council asks DHS to review the PSS15-006 Peer Support Training and Coordination RFP relative to the concerns raised at this meeting. Gary Keller seconded the motion. The Council members voted, but a quorum was no longer present, as Jim Donoghue, Amber Lewis, Donna Richard-Langer, and LeeAnn Russo and had left the meeting prior to the vote. The vote was recorded as a "consensus" vote only, with 13 members voting yes, Dennis Sharp voting no, and Sally Nadolsky and Jim Chesnik abstaining.

Geoff Lauer noted that several of the advocacy groups indicated support for reducing or eliminating the HCBS Waiver waiting list. He said that Iowa is one of the few states that have a first come, first served waiting list for HCBS Waiver services, meaning that there is no assessment of the level of need when names are placed on the waiting list. Other states have prioritized those who are waiting based on an assessment of need, with high priority going to those who are at high risk of institutionalization. There is a downside to that system because people with a lower level of need might wait a very long time, but it also might get people with a high level of need quicker access to services, at least in the brain injury community.
Tammie Nyden said that the CMHC she chairs is proposing that for the Children's Mental Health Waiver an assessment for eligibility be conducted within the first 30 days of application and that waivers be distributed in order of medical priority. Those who do not qualify should be referred to other appropriate services. Children remaining on the waiting list who do not receive Medicaid should receive mental health benefits covered by Title IX until they are placed on the waiver. That would include access to BHIS, and evidence-

based therapies and medications not covered by private insurance. They should also be eligible for respite services, which could be charged on a sliding scale based on income.

Geoff said he sees two components of this discussion: (1) a prioritization based on need, which would not open the funding door any wider than the current caps, and (2) access to bridge services while on the waiting list. If a triage assessment is done soon after application to determine if the person is eligible or should be referred to other services, it would help reduce the waiting list without just asking for more money. Geoff said he believes, based on data he has seen, that people who stay on the waiting list for a significant period of time are at higher risk of needing more expensive services.

Tammy said she knows parents whose children have gone into residential placements because appropriate educational services were not available to them while living at home. She said the movement to inclusion in education is good, but there are children who cannot fit the inclusion model and fail, only to end up in a more restrictive residential placement. She said more day treatment schools are needed.

Kim Wilson noted that there is also an issue of the transition of residential care facilities (RCFs). She said that there are a couple of larger facilities in her region and there has been discussion of them converting to a more specialized facility for persons with mental illness. She said there is a need for places to house offenders who cannot be safely cared for in nursing facilities and there might be opportunities to look at other uses for RCF buildings, such as for hard to place populations or transitional living.

PUBLIC COMMENT

Bob Bacon commented that certified employment specialist professionals should also be on the radar because as Iowa moves toward an Employment First orientation there will be a need for more of those professionals who are experienced in job development and job coaching.

Braden Daniels commented that letters of intent for the peer support RFP are due by October 21 and proposals are due by December 8. He encouraged the Mental Health Planning Council to or others to make any comments to the Department as soon as possible.

The joint meeting adjourned at 2:20 p.m.

COMMITTEE REPORTS

Commission committee groups met to review and discuss their reports.

SRC/MHI Report – Suzanne Watson submitted a draft summary on behalf of the committee for inclusion in the biennial report.

State Disability Services Report – Deb Schildroth submitted a draft summary on behalf of the committee for inclusion in the biennial report.

Recommendations include:

- A faster and less cumbersome process for determining medical exemption
- Filling gaps in the ability to provide Residential-Based Support Community Living (RBSCL) services to children. Reviewing caps and staffing levels for RBSCL; there are very limited places for children to be served, especially if there are aggressive, fire setting, or other extremely challenging behaviors
- Making BHIS and respite services accessible to people who are not on HCBS Waivers
- Make sure the legislative recommendations do not overlook the children's system
- Make Board Certified Behavior Analysts available; identify funding
- Help providers work through challenging issues to keep people in less restrictive settings

Legislative Recommendations Draft – Tom Broeker reported for the group, which submitted revisions to last year's recommendations.

- Implement an incentive program for mental health professionals
- Recommend loan forgiveness as an incentive over tax credits
- Target incentives for specific areas of need including the public sector and CMHCs or other safety net providers

The committee members will review all the drafts and share any additional input by email. Connie will work on putting the information together into a draft report for the Commission to review at the December meeting.

NEXT MEETING

The next meeting of the MHDS Commission is on Thursday, December 4, 2015 at Polk County River Place, 2309 Euclid Avenue, Des Moines. The next meeting of the Mental Health Planning and Advisory Council is on Wednesday, November 19, 2014, at Polk County River Place.

The committee worked ended at 2:55 p.m.

Minutes respectfully submitted by Connie B. Fanselow.